

Please type a plus sign (+) inside this box

**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.: CE11354JI220

First Inventor: ALLEN, AARON R.

Title: LATCHING MECHANISM FOR ELECTRONIC DEVICE AND
METHOD OF ASSEMBLY

Express Mail Label No.: EL 962737679 US

PTO
U.S.
10/688081

101703

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

Assistant Commissioner for Patents
ADDRESS TO: Box Patent Application
Washington, D.C. 20231

<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form in duplicate (Submit an original and a duplicate for fee processing)</p> <p>2. <input type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27</p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages 16] (preferred arrangement set forth below)</p> <ul style="list-style-type: none"> -Descriptive title of the invention -Cross Reference to Related Applications -Statement Regarding Fed sponsored R&D -Reference to sequence listing, a table, or a computer program listing appendix -Background of the Invention -Brief Summary of the Invention -Brief Description of the Drawings (<i>if filed</i>) -Detailed Description -Claim(s) -Abstract of the Disclosure <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 5]</p> <p>5. Oath or Declaration [Total Pages]</p> <ul style="list-style-type: none"> a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/ divisional with Box 18 completed) i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). <p>6. <input checked="" type="checkbox"/> Application Data Sheet under 37 CFR 1.76</p>	<p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence (if applicable, all necessary)</p> <ul style="list-style-type: none"> a. <input type="checkbox"/> Computer Readable Form (CFR) b. <input type="checkbox"/> Specification Sequence Listing on: <ul style="list-style-type: none"> i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); ii. <input type="checkbox"/> or paper c. <input type="checkbox"/> Statements verifying identify of above copies
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ACCOMPANYING APPLICATION PARTS

<p>9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))</p> <p>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee)</p> <p>11. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>13. <input type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)</p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document (if foreign priority is claimed)</p> <p>16. <input type="checkbox"/> Nonpublication Request and Certification under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent</p> <p>17. <input type="checkbox"/> Other: _____</p>

18. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

<input type="checkbox"/> Continuation	<input type="checkbox"/> Divisional	<input type="checkbox"/> Continuation-in- Part (CIP)	of Prior Appl. No.
Prior Appl. information:		Examiner: 	Group/Art Unit:

19. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label	*24273*	<input type="checkbox"/> o r <input type="checkbox"/> Correspondence address below	
Name			
Address			
City	State	Zip Code	
Country	U.S.A.	Telephone (954) 723-6449	Fax (954) 723-5599
Name	Scott M. Garrett		Registration Number (Attorney/Agent) 39,988
SIGNATURE	Date	10/17/03	

FEE TRANSMITTAL for FY 2003		Complete if Known	
		Application No.	
Patent fees are subject to annual revision		Filing Date	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		First Named Inventor	ALLEN, AARON R.
		Examiner Name	
		Group Art Unit	
TOTAL AMOUNT OF PAYMENT	(\$ 750.00)	Attorney Docket No.	CE11354JL220

METHOD OF PAYMENT (check all that apply)				FEES CALCULATION (continued)			
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account				3. ADDITIONAL FEES			
Deposit Account Number		50-2117		Large Entity	Small Entity		
Deposit Account Name		Motorola, Inc.		Fee Code	Fee (\$)	Fee Code	Fee (\$)
The Commissioner is hereby authorized to: (check all that apply)							
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayment <input type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.							
FEES CALCULATION							
1. BASIC FILING FEE							
Large Entity	Small Entity			Fee Description	Fee Paid		
Fee Code	Fee \$	Fee Code	Fee \$				
1001	750	2001	370	Utility filing fee	750		
1006	750	2006	370	Utility filing fee CPA			
1002	330	2002	165	Design filing fee			
1007	330	2007	165	Design filing fee CPA			
1003	510	2003	255	Plant filing fee			
1004	750	2004	370	Reissue filing fee			
1005	160	2005	80	Provisional filing fee			
SUBTOTAL (1) (\$ 750)				1504	1504		
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE							
Total Claims	19	Extra Claims	Fee from below	Fee Paid			
Independent		-20*	=	C x 18 =			
Claims	3	-3*	=	6 x 84 =			
Multiple Dependent				280			
Large Entity	Small Entity			Fee Description	Fee Paid		
Fee Code	Fee \$	Fee Code	Fee \$				
1202	18	2202	9	Claims in excess of 20			
1201	84	2201	42	Independent claims in excess of 3			
1203	280	2203	140	Multiple dependent claim, if not paid			
1204	84	2204	42	**Reissue independent claims over original patent			
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent			
SUBTOTAL (2) (\$)				1807	1807	50	
				1806	1806	180	
				8021	8021	40	
				1809	2809	370	
				1810	2810	370	
				1801	2801	370	
				1802	1802	900	
				1814	2814	55	
Other fee (specify)							
**or number previously paid, if greater. For Reissues, see above				SUBTOTAL (3) \$ 40			
				*Reduced by Basic Filing Fee Pd			

SUBMITTED BY		Complete (if applicable)	
Name (Print)	Scott M. Garrett	Registration No. (Attorney/Agent)	39,988
Signature		Telephone:	(954) 723-6449
		Date	10/17/03